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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/571,605 03/10/2006			Miki Yoshinaga	,,,,			
TITLE OF INVENTION	V: MONO CRYSTALLIN	E DIAMOND CUTTING	G TOOL FOR ULTRA PR	ECISION MACHIN	ING		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/22/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS		•		
ADDISU, SARA		3724	407-118000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a	name of a single firm (having as a member a and attorney or agent) and the names of up to cared patent attorneys or agents. If no name is			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  A.L.M.T. CORP.  TOKYO, JAPAN							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted:  1 Issue Fee  1 Publication Fee (No small entity discount permitted)  1 Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).				
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Authorized Signature	Cleur	llyou		Date <u>Apri</u>	1 21, 2009		
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Alexandria, Virginia 223	13-1450.	1.01 02101220 010	COMMEDIADIONS IC	/ IIIIO ADDRESS.	e public which is to file (animutes to complete, including ments on the amount of the trademark Office, U.S. Dep SEND TO: Commissioner splays a valid OMB control	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	